

## PART B - FEE(S) TRANSMITTAL

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22850 7590 10/12/2011

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# CUSTOMER NUMBER

**22850**

.P. **Certificate of Mailing or Transmission**  
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|  |                    |
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|  | (Depositor's name) |
|  | (Signature)        |
|  | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/583,377      | 06/19/2006  | Olivier Savry        | 292223US2PCT        | 3122             |

TITLE OF INVENTION: PROTECTION FOR AN INTEGRATED CIRCUIT CHIP CONTAINING CONFIDENTIAL DATA

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1740        | \$300               | \$0                  | \$2040           | 01/12/2012 |

| EXAMINER          | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| DIALLO, MAMADOU L | 2895     | 257-734000     |

|  |   |  |
|--|---|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list<br><input type="checkbox"/> the names of up to 3 registered patent attorneys or agents OR, alternatively,<br><input type="checkbox"/> the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | <input type="checkbox"/> Oblon, Spivak, _____<br><input type="checkbox"/> McClelland, Maier _____<br><input type="checkbox"/> & Neustadt, L.L.P. _____ |
|--|---|--|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

COMMISSARIAT A L'ENERGIE ATOMIQUE Paris, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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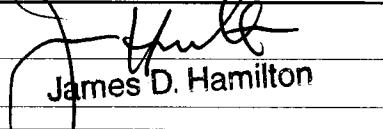
A check is enclosed.  
 Payment by credit card. Transmitted via EFS-Web.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_



James D. Hamilton

Date \_\_\_\_\_

12/15/14  
Registration No. 28,421

Registration No. \_\_\_\_\_

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